

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571509

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3		2				
4	1	1				
5	1	1				
6	1	1				
7	1	1				
8	1	1				
9	1	1				
10	1	1				
11	1	1				
12	1	1				
13	1	1				
14	1	1				
15	1	1				
16	1	1				
17	1	1				
18	1	1				
19	4	1				
20	1	1				
21	1	1				
22	1	1				
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44	1	1				
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46	1	1				
47	1	1				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
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53	/	/				
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.	4					
TOTAL CLAIMS	22					
TOTAL CLAIMS	26					